

Seafood Process Worker : Return to Work Checklist and Plan

Please complete with your patient

Worker name: _____ Claim number: _____ Injury: _____

Worker will be able to participate in the duties as below from: / / to / /

Full time Part time _____ hours per day _____ days/week

N.B. Based on your information, a suitable duties plan will be established at the worker's place of employment. In the absence of task availability at their usual workplace the worker will continue to be paid weekly compensation and WorkCover will source suitable alternative workplace rehabilitation with a host employer.

Please consider the "health benefits of good work" and focus on what your patient can do.

Tick if suitable	Job Tasks	Limitations/Comments
	Delivery and Storage: <ul style="list-style-type: none"> • daily delivery of stock, put away in freezer or cool room • stock arrives in tubs on pallets • tubs stacked on ground or on high shelving • delivered tubs are stacked on pallets • pallet jack or forklift used where possible 	
	Scaling: <ul style="list-style-type: none"> • full tubs lifted and emptied into centre trough of running water • fish collected from trough and scaled with scaling tool • scaled fish placed into empty tub for movement to the next work station • use of specific scaling tool 	
	Cutting: <ul style="list-style-type: none"> • bandsaw cutting of frozen fish <ul style="list-style-type: none"> - packing into boxes and sealing of cut fish • hand cutting <ul style="list-style-type: none"> - cut to specified size / weight as ordered - specialised role as accuracy required - use of hand knife 	
	De-boning: <ul style="list-style-type: none"> • manual removal of fish bones using de-boning tweezers 	
	Packing: <ul style="list-style-type: none"> • prepared fish and or prawns and shellfish packed to customer orders • ice scooped not freezer bags and packed with fish • completed boxes sealed and loaded onto bench or pallet 	
	Pack Away and Clean up: <ul style="list-style-type: none"> • remove laden and empty tubs from work area • place tubs in storeroom in readiness to be collected by supplier • hose out tubs • hose down floor and work benches • remove and clean out drain filters 	

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If none of the above tasks or alternate duties are appropriate at this time, please advise a review date or timeframe to some form of return to work _____ / _____ / _____

Please tick here if you have been unable to identify any tasks and you would prefer an allied health provider to help implement a return to work plan.

Other comments:

SIGNATURES

Treating Medical Practitioner: _____ / _____ / _____

Worker: _____ / _____ / _____

Employer: _____ / _____ / _____

Submission and payment for this form (WorkCover Queensland claims only)

If this form is requested as part of a workers' compensation claim, please forward this completed form via our online services, or alternatively by faxing to 1300 651 387. You can charge for a "completed form" under the relevant table of costs, found on our website worksafe.qld.gov.au. This form will become part of a claim file and may therefore be read by claims staff, WorkCover Queensland's network of advisory doctors, specialists at the Medical Assessment Tribunal or during legal proceedings.

In addition, the form that you provide may be released to another person (usually the worker or employer) under the Right to Information Act (2009), the workers' compensation legislation or as authorised or required by law.